

Exhibit 11

H

Sample H

**Agreement to Participate in
“Interesting Event” Oral History Research Project**

Use this type of CONSENT FORM for research projects that involve:

- Participants who are ADULTS (18 and older)
- Oral History Projects
- Typed transcripts of recorded interviews corresponding to audio and/or audio-visual files/recordings of those interviews
- Need to archive the transcripts and/or corresponding audio/ audio-visual files/ recordings of those interviews

See Sample H Consent Form on Following Pages



University of Hawai'i

Agreement to Participate in

[Name of Interesting Event] Oral History Research Project

John Researcher, Ph.D., Principal Investigator
Center for Oral History

My name is John Researcher and I am an Associate Professor with the Center for Oral History at the University of Hawai'i (UH). I am conducting a project to document and archive recollections of people who experienced the 1951 [name of interesting event]. I am asking for your participation in this project, because you had direct experience with this event.

Activities and Time Commitment: If you agree to participate, I will interview you once or twice at a time and place convenient to you. The interview(s) will last about 90 minutes each. I will record the interviews using a digital audio-video recorder. The interviews will be informal and conversational. I want to get your personal recollections of the 1951 [name of interesting event].

After the interviews, a research assistant will transcribe the tapes, that is, type a written record of the interviews. Then my research assistant and I will check and edit the transcript for accuracy. Then, I will send you the transcript so you can make any changes that you would like. I estimate that it will take you from 5 to 6 hours to do this, depending on how many changes you indicate. We will then incorporate your revisions into the transcript and, at a later date, type the final transcript for publication. At a future date, bound volumes will be distributed to libraries for use by other oral historians and the general public.

Users will be permitted to use, in unpublished works, short excerpts from any of the transcriptions without obtaining permission as long as proper credit is given to the interviewee (you), interviewer (me), and the UH Center for Oral History. At the completion of the project, I would like to store the digital audio-video files of my interviews with you in the digital archives of the Center for Oral History. The purposes of storing these files are to: (a) maintain a "living" audible file of the interviews, as they sounded, and (b) permit students, faculty, researchers, and the public to listen to the interviews.

Voluntary Participation: Your participation in this project is voluntary and you may withdraw from participation at any time, up to the completion date of this project, which is expected to be [date]. During the interviews, you can choose to not answer any question(s) at any time for any reason. If you disapprove of, wish to change, add to, delete, or otherwise change the transcripts or the audio file of the interviews, you may do so at any time up to the completion of this project. If you decide that the transcripts and/or audio files should not be archived, we will end the project.

Benefits and Risks: There is no direct benefit to you in participating in this research project. However, your participation will contribute to the historical record of the [name of interesting event]. Because of the need to create an authentic record and make available to scholars and the general public a reliable historical document, it is important that your actual name appear as the interviewee on the transcript. In addition, the transcripts and audio files of the interviews will include your name and personal recollections. Thus, one potential risk to you is a loss of privacy. Another potential risk is that some topics you discuss during the interviews might bring back painful or unpleasant memories. In such cases, we can take a break, skip that topic, and/or you may choose to stop participating altogether.

Privacy and Confidentiality: As noted previously, in order to accurately document this historic event, it is important that your name appear as the interviewee on the transcript. However, you retain the right to change, delete, or add information in the transcripts and audio-video files.

Questions: Please contact me, John Researcher, at (808) 555-1234 if you have any questions regarding this project. If you have questions about your rights as a research participant, contact the UH Committee on Human Studies at (808) 956-5007 or via email at, uhirb@hawaii.edu

Agreement to Participate in
[Name of Interesting Event] Oral History Research Project

"I certify that I have read and that I understand the information in this consent form, that I have been given satisfactory answers to my questions concerning the project, and that I have been told that I am free to withdraw my consent and to discontinue participation in the project at any time without any negative consequences to me.

I herewith give my consent to participate in this project with the understanding that such consent does not waive any of my legal rights."

Printed Name of Interviewee

Signature of Interviewee

Date

Provide a Copy of this Consent Form to the Participant

Study # ____ - ____
City _____
State, County _____
Date _____

Indiana University Center for the Study of History and Memory
Informed Consent

1. I hereby agree to participate in an interview in connection with the oral history project known as _____. I understand that I will be asked about _____.
2. The interview will be audiotaped. In the interview I may be identified by name, subject to my consent. I may also be identified by name in any transcript (whether verbatim or edited) of such interview, subject to my consent. If I choose to remain anonymous, I know that the tape(s) of my interview will be closed to use, and my name will not appear in the transcript or reference to any material contained in the interview. I know that in the case of choosing to remain anonymous, my interview will only be identified by an internal Center for the Study of History and Memory tracking number.
3. I understand that the interview will take approximately two hours and that I can withdraw from the project without prejudice prior to the execution and delivery of a deed of gift, a form of which is attached hereto. In the event that I withdraw from the interview, any tape made of the interview will be either given to me or destroyed, and no transcript will be made of the interview. I understand that a photograph of me may be taken or borrowed for duplication, and that if I withdraw from the project, the photograph will be given to me.
4. Subject to the provisions of paragraph five below, I understand that, upon completion of the interview, the tape and content of the interview belong to Indiana University, and that the information in the interview can be used by Indiana University in any manner it will determine, including, but not limited to, use by researchers in presentations and publications.
5. Indiana University agrees that: (i) it will not use or exercise any of its rights to the information in the interview prior to the signing of the deed of gift; (ii) the deed of gift will be submitted to me for my signature at completion of the interview; and (iii) restrictions on the use of the interview can be placed in the deed of gift and will be accepted as amending Indiana University's rights to the content of the interview. I understand that I have the right to review the tape or transcript of the interview before I sign the deed of gift.
6. Any restrictions as to use of portions of the interview indicated by me will be edited out of the final copy of the transcript.

7. I understand that at the conclusion of this particular study and upon signing the deed of gift, the tape(s), photograph, and one copy of the transcript will be kept in the Center for the Study of History and Memory and at the Indiana University Archive (at Indiana University Bloomington).

8. If I have questions about the research project or procedures, I know I can contact _____ at the Center for the Study of History and Memory, Weatherly Hall North, Room 122, Bloomington, IN 47405, (812)855-2856 or via e-mail at ohrc@indiana.edu.

If I feel I have not been treated according to the descriptions in this form, or that my rights as a participant in research have been violated during the course of this project, I know I can contact the office for the Human Subjects Committee, Bryan Hall 110, Indiana University, Bloomington, Indiana 47405, (812)855-3067 or by e-mail at iub_hsc@indiana.edu.

_____ I agree to be identified by name in any transcript or reference to any information contained in this interview.

_____ I wish to remain anonymous in any transcript or reference to any information contained in this interview. I wish to have the tape(s) containing my interview closed to use. I wish to have my transcript only identified by an internal Center for the Study of History and Memory tracking number.

Interviewer signature _____

Interviewee signature _____

Address _____

Phone number _____

consent date ____/____/____

The University of Chicago Archives
Chicago Economics Oral History Project Consent Form

Arrangements have been made for all materials collected as part of the Chicago Economics Oral History Project to be housed permanently in The University of Chicago Archives, where they will be available for scholarly and educational purposes.

In accordance with the University of Chicago Library's policies, the tape recordings and transcriptions of your interview become the property of the University of Chicago.

The tapes and transcriptions of your interview will be made available there for scholarly and educational purposes in accordance with the University Library's policies regarding manuscript and archival collections.

No quotation or citation from your interview may be made during your lifetime except with your written permission.

After your death, all literary rights pertaining to your interview will become the property of the University of Chicago.

Please sign below if you are willing to have the original interview recording and a copy of the transcript housed in the University of Chicago Archives, and used in accordance with the policies identified above.

Name _____ Date _____

Chicago Economics Oral History Project
The University of Chicago Archives
Department of Special Collections
University of Chicago Library
1100 E. 57th Street
Chicago, Illinois 60637

Voice: (773) 702-8705
Fax: (773) 702-3728
SpecialCollections@lib.uchicago.edu

Chicago Economics Oral History Project
Interview Consent Form

The interview will consist of a number of questions related to your experiences with economics at The University of Chicago. Your participation in the interview will give us more complete knowledge of the history of Chicago Economics, its relevance to contemporary practice, and its reception in the economics community at large. The interview is expected to take about one-and-one-half hours.

Participation in this interview is voluntary; you have the right to not answer questions you do not wish to, and to withdraw from the interview at any time. You also have the right to request that the interview not be video/audio recorded, and may request that taping cease at any point during the interview. You will have the opportunity to review the transcript of your interview and to recommend minor emendations to the text. If you decide later that you wish to withdraw a portion (or all) of your comments, you may contact Dr. Emmett and your rights will be honoured.

Material from the interview may be used by Dr. Emmett for the Chicago Economics Oral History Project and related academic papers, books, oral presentations and video projects. You will be contacted for permission to use any quotation or citation of your comments during the interviews, regardless of whether the material is used in video, audio, or written form.

If you have any questions about this study, please contact the investigator (Dr. Ross B. Emmett, Associate Professor, James Madison College, Michigan State University, 317 South Case Hall, East Lansing, MI 48823, 517-432-6139, emmettr@msu.edu). If you have questions or concerns regarding your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact – anonymously, if you wish – Peter Vasilenko, Ph.D., Chair of the University Committee on Research Involving Human Subjects (UCHRIHS) by phone: (517) 355-2180, fax: (517) 432-4503, e-mail: ucrihs@msu.edu, or regular mail: 202 Olds Hall, East Lansing, MI 48824.

Please sign below to indicate your agreement to participate in the Chicago Economics Oral History Project and be interviewed regarding your experiences with Chicago economics.

Name _____ Date _____

If you agree, your identity may be made known in written reports resulting from the Oral History Project.

Name _____ Date _____

Please sign below if you are willing to have this interview video/audio recorded. You may still participate in the interview if you are not willing to have it recorded.

Name _____ Date _____